

SEP 18 2009

219162

STATE OF SOUTH CAROLINA

T.T. W. W. W.

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's LimoRequest to amend Class C Non-Emergency
Certificate to increase passenger limits

Lakeside Medical Responses, Inc

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2007 - 108 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: *Ahameekha S. McDuffie

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NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement

- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☒ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

RECEIVED
PSC SC
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

CLASS C AMENDMENT FORM

File the original with:

Public Service Commission of South Carolina
Docketing Department
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896-5100
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0678
FAX (803) 737-0815

RECEIVED

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T.T.W.W/W

DATE: 9-18-09

I have the following Certificate:

☐ Class C Taxi # _____ ☐ Class C Charter # _____ ☐ Class C Charter Bus # _____☒ Class C Non-Emergency # 7807

Please consider this as my request for the following amendment(s) to my Certificate:

☐ Name Change (Complete attached document for a name change ONLY if you are removing an individual's name from the certificated name. Otherwise throw the form away.)From: _____ DBA: _____
(Current Name) (Current DBA if applicable)TO: _____ DBA: _____
(New Name) (New DBA if applicable)☐ Scope of AuthorityFrom: _____ To: _____
(Current Scope) (New Scope)☒ Passenger LimitFrom: 3 To: 15
(Current Limit Number) (New Limit Number)Lakeside Medical Response, Inc.
(Name & DBA if applicable)* 202 Third Loop Rd Ste A
(Street Address) & mailing address* FLORENCE, SC 29505
(City, State, Zip Code)* Sharmela D. Modjeski
(Signature)* 843-1029-7133
(Telephone Number)* CEO
(Title)